Socin is not aware of any case where a horseshoe-kidney has been diagnosticated intra vitam, although possible characteristics were suggested by Simon; and of only 1 case of unilaterally diseased horseshoe-kidney where any attempt of an operation had been made (case of Braun, *Deut. Med. Wchr.*, 1881). In that the freeing of the adhesions to the vena cava caused such a profuse hæmorrhage that the operation had to be suspended, and the patient, also a woman, æt. 45 years, died without regaining consciousness.

He adds the statistics of 1,630 autopsies, made by Prof. M. Roth during the years 1872 to 1879 at the Pathological Institute in Basle. Horseshoe-kidney was found in 5 of these (0.3%); twice amongst 832 males (0.24%) and twice amongst 798 females (0.37%). Two cases where there was only a membranous isthmus have been published by Wenzel Gruber as great rarities.—*Bruns' Beitrage z. klin. Chir.*, 1888, bd., iv, hft., i.

WM. BROWNING (New York).

III. Endoscopic Appearances and Endoscopic Therapy in Diseases of the Urethra and the Bladder. By DR. E. BURCKHARDT (Basle). This double article, covering in all 148 pages with 6 wood cuts included, and 121 highly colored figures added, really represents a treatise on the subject of endoscopy and its application in practice. It begins with a historical sketch and the bibliography since 1880 by years (1880 to 1888 incl.). Next follows a brief description with method of use, of the various endoscopes (photo-endoscope, wire-endoscope, electro-endoscope), urethroscopes (also æro-urethroscope, electro-urethroscope), cystoscopes, urethral specula, the polyscope, diaphotoscope, panelectroscope, and an excellent practice-manikin made by Leiter of Vienna. He seems to use principally the Grünfeld and Nitze types of instruments, with Schutz's electric illumination or the gas incandescent. His armamentarium for endoscopic treatment is nearly the same as Grünfeld's.

The normal appearances are fully described. Cuts show the positions in examination and 20 colored figures, the various ocular appearances, whilst 11 figures are devoted to the microscopy of the local se-

cretions. He also finds the epithelial elements of any portion of the urethro-vesical tract are not characteristic barring, possibly the large squamous cells from the fundus vesicæ.

The major portion of the work is devoted to cases and their discussion.

His final summing up is as follows:

a. Endoscopy of the urethra and bladder is of great importance as a diagnostic aid. An absolutely certain and precise diagnosis of the diseases of the separate portions of said organs is only possible by endoscopy.

b. The therapy is also materially advanced by endoscopy since thereby, without any preparatory operation, the diseased parts are rendered directly accessible to vision and to instrumental interference.

c. The urethra is more accessible to endoscopic therapy than is the bladder.

d. For endoscopy of the urethra Grünfeld's method is the simplest and most practical; in that of the bladder for diagnostic purposes the electro-endoscope resp. cystoscope is preferable.

As to the various forms of disease the following holds:

1. Chronic Urethritis. In each individual case endoscopic examination should be made to establish the diagnosis. In old, long existing urethritis with great alterations of the mucous membrane, endoscopic treatment is always to be carried out, since in such cases it, of all methods of treatment affords the best and surest results. In relatively recent cases, on the contrary, it has no important advantage over present methods; here epididymitis and orchitis readily develop as a sequel to endoscopic manipulations. Hence in such cases it is not to be attempted until other local methods of treatment have failed—then only with the greatest care.

2. Posterior Urethro cystitis (so-called catarrh of the neck of the bladder). Here endoscopy is important diagnostically as well as therapeutically; the former because the exclusive localization of the morbid process to the vicinity of the entrance to the bladder can be established directly by the eye, the latter because it renders possible the local

treatment of only the diseased part to the exclusion of all that is healthy.

3. Gonorrhœic Cystitis. For this, endoscopy has only diagnostic value. By deficient anamnestic data regarding gonorrhœa, the cystoscope in combination with sounding and palpation renders it possible to exclude or to recognize the causes of the cystitis.

4. Strictures. Endoscopic examination permits the immediate distinguishing of spastic from cicatricial strictures. Anomalies of the urethra simulating strictures are likewise most easily and certainly recognized through the endoscope. The whiter and more glossy the stricture-tissue appears in the endoscopic picture and the longer the portion of the urethra involved, the more unfavorable is the prognosis, i. e., the longer will be the time required for dilatation. By the help of the endoscope it is often possible to enter strictures at first apparently impermeable. A combination of sound-treatment with the endoscopic is indicated in all cases in which an obstinate urethritis complicates the stricture.

5. Prostatitis, Prostatorrhœa. Endoscopically demonstrable changes of diagnostic importance are constantly found in the region of the prostatic portion. The most suitable method of treatment is the endoscopic application of astingents and caustics in combination with most thorough dilatation.

6. Spermatorrhœa. The endoscopically demonstrable changes of the pars-prostatica, especially of the colliculus, are to be treated locally. Since these, as a rule, resist medicamentous agents the galvano-caustic is here frequently indicated; only in the endoscope can this be done with surety against accessory injuries.

7. Hypertrophy of the Prostate. In many cases, especially at the first appearance of strangury in the beginning of the disease, a better discharge of the urine is achieved by endoscopic treatment of the pars-prostatica. Where a middle prostatic lobe is present its external configuration can be exactly determined only through the endoscope. If this middle lobe form the hindrance to the catheter its introduction can be rendered possible by the endoscopic application of the galvano-cautery. By doing this endoscopically co-injuries are more certainly

excluded than by Bottini's method, and it is done under control of the eye.

It is always indicated when a median lobe hinders the introduction of the catheter and the condition of the bladder demands local treatment.

8 Tuberculosis. Endoscopy permits a more exact determination of the localization and extent of the tubercular process than any other method of examination. Hence every operative procedure should be preceded by an endoscopic examination the result of which is decisive as to the operation.

9. Tumors. Endoscopy has an eminently diagnostic and therapeutic value in urethral tumors. All neoplasms of the uretha, excepting the rare (primary) malignant tumors, are to be removed per urethram. The kind of intra-urethral operative method is determined by the result of the endoscopic examination. In tumors of the bladder endoscopy has only diagnostic significance. It gives information as to the seat and size of the new growth. In addition it permits the excision of fragments from desired portions of the neoplasm for the purpose of pathological-anatomical examination.

10. Vesical Calculi. Endoscopy has diagnostic value only in cases of immovable diverticle-calculi that can not be touched with the sound. In multiple stones the sure determination of their number is only possible by means of the endoscope. Endoscopic examination is indicated after lithotrity to avoid leaving calculus-fragments in the bladder.

11. Foreign Bodies. When in the urethra they are easily diagnosticated and extracted endoscopically. In those of the bladder endoscopy has therapeutic as well as diagnostic value, to the extent that the certain grasping of the foreign body by the lithotriptor like instrument is rendered materially easier by a determination as exact as possible of its position in the bladder.

12. Neuroses. In relation to the diagnosis of either sensory or motor neuroses endoscopic therapy, both as regards duration of treatment and final result is to be denominated good.

13. Urethral Fistulæ. In these the endoscopic examination is only of technical interest; it often permits direct inspection of the inner fis-

tulous opening. Both in diagnosis and in treatment of such cases endoscopy is superfluous.—*Bruns' Beitrage z. klin. Chirg.*, 1889, Bd. v, hft. i and ii.

WILLIAM BROWNING (Brooklyn).

III. The Diagnosis of Pyelonephritis. By DR. E. DOYEN (Paris). In the course of a contribution to the literature of vesical calculus in the female, and a report of 5 cases operated upon by rapid lithotrity through a vaginal incision, Doyen recommends the following method of determining the differential diagnosis between pyelonephritis and chronic suppurative cystitis. In order to determine the condition of the upper urinary passages, the bladder is to be emptied and thoroughly irrigated with a boric acid solution until the fluid returns perfectly clear. For 5 minutes stroking and pressing movements are to be made along both kidneys and ureters; this is followed by another catheterization. Even in very well marked cases of cystitis the mucous membrane of the bladder will furnish but an insignificant amount of pus and debris, while in cases of pyelonephritis the second catheterization will bring away from 8 to 10 ccm. of characteristic fluid containg pus. —*Bull. et. Mem. Soc. Chirg. de Paris*, T. xiv, p. 397.

IV. Folliculitis Preputialis and Para-Urethral Gonorrhœa. By Dr. OEDMANSON. While gonorrhœal diseases in the female genital organs and their accessory glands have been the subject of study for a considerable time, similiar diseases in men have received relatively little attention. The para-urethral glands opening into the urethra are comparatively unaccessible; on the contrary the follicles opening upon the skin itself, although existing exceptionally, are of considerable practical importance in cases of gonorrhœal disease. The secretion containing gonococci, trickling from the mouths of these follicles, may not only cause repeated reinfection of the male urethra, but in spite of the apparent cure of the urethral lesion, may become the source of infection to others.

He relates 2 cases of gonorrhœa in which the existence of these preputial follicles were found to exist, and in which infection of the same occurred. The repeated return of the disease after its seeming